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Date: May 15, 2006 Must Be Sent By:
To: Examiner J. Boeckmann Fax No: (571) 273-8300
Company: USPTO, Art Unit 3752 Phone No: (571) 272-2708

Re: In re Patent Application of
Inventor: Reese et al.
Appl. No.: 10/656,002
Filing Date: September 5, 2003
Title: SUBSTRATE HOLDER

From: Anthony G. Smyth Phone No: 858.509.4007
User No: 15636 C/M No: 044182-0305880

Comments:

Attachment(s):

Amendment in response to outstanding Office Action mailed December 15, 2005,
Substitute Drawings, Fee Transmittal, Extension of Time Request, for the above-
identified application.

(Current Due Date: May 15, 2006)

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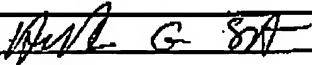
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PTO/SB/21 (02-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/658,002	
	Filing Date	09/05/2003	
	First Named Inventor	Steven A. Reese	
	Art Unit	3752	
	Examiner Name	Boeckmann, Jason J.	
Total Number of Pages in This Submission	22	Attorney Docket Number	044182-030580

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> (Deposit Account) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) 4 Replacement Sheets (Figs 1A-1B, 2, 4A-4C, 5) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Anthony G. Smyth, Reg. No. 55,636 Pillsbury Winthrop Shaw Pittman LLP	
Signature		
Date	May 15, 2006	

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225.00

Complete if Known

Application Number	10/656,002
Filing Date	September 5, 2003
First Named Inventor	STEVEN S. REESE
Examiner Name	BOECKMANN, JASON J.
Art Unit	3752
Attorney Docket No.	044182-0305880

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=	
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

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Other (e.g., late filing surcharge): 2 month Extension of Time (Fee Code: 2252)

225.00

SUBMITTED BY

Signature	<i>Anthony Smyth</i>	Registration No. (Attorney/Agent)	55636	Telephone	858.509.4007
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Name (Print/Type)	Anthony Smyth	Date	May 15, 2006
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/656,002
TOTAL AMOUNT OF PAYMENT (\$) 225.00		Filing Date	September 5, 2003
		First Named Inventor	STEVEN S. REESE
		Examiner Name	BOECKMANN, JASON J.
		Art Unit	3752
		Attorney Docket No.	044182-0305880

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = Highest number of total claims paid for, if greater than 20.
 Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	125.00	0.00

4. OTHER FEE(S)

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SUBMITTED BY		Registration No.	55636	Telephone	858.509.4007
Signature		(Attorney/Agent)			
Name (Print/Type)	Anthony Smyth	Date	May 15, 2006		

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